Reply to: re “Single incision laparoscopic cholecystectomy: is it more than a challenge?” ((2010)24:68–71)

Sinan Ersin · Ozgur Firat · Murat Sozbilen

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Dear Editor,

We thank Dr. Ianelli et al. [1] for their interest in our article and gladly accept the opportunity to answer their comments. Placing the suspending suture to the abdominal wall theoretically seems more reasonable; however, in some patients, particularly those with slender body shapes, a considerable part of the abdominal wall is constituted by the lower ribs. We believe that careful pinning through lower intercostal spaces whilst obeying the rules of chest tube insertion will not cause significant bleeding, pneumothorax, or lung injury. This is not just a subjective opinion, because the surface projections of the pleura and the lungs are clearly defined [2]. In all cases, we preferred the mid clavicular line below the eighth rib for pinning where the limits for the lung and costal pleura end at the levels of the sixth and eighth ribs, respectively [2]. Also, the patients' being under positive pressure will not be a serious issue, because the rate of mechanical ventilation can be arranged as requested in any case. We recently exceeded a hundred cases considering these points and did not face any problem as well.

We do not agree with the second issue that the authors have mentioned. In our opinion, routine use of intraoperative cholangiography is not recommended and this has not been a matter of debate for more than one decade [3]. Additionally, because we did not face any suspicious cases in our first 20 cases, we did not comment on this issue in our article. However, in our recent series, intraoperative cholangiography was necessitated in only one patient's

operation and was successfully performed within the SILS technique.

Finally, Dr. Ianelli and his colleagues have criticized the durations of the operations. Actually, the article cited in the letter, which Dr. Ianelli has contributed to personally, clearly replies to this commentary as “Naturally, operation times do improve with experience. Safety should always come first and never be sacrificed to do the procedure ‘quickly.’” [4] We completely agree with this statement but nevertheless could not infer against the conflict of the commentary. As the authors have suggested, with our improved experience, our recent operations usually last less than 1 h.

Conflicts of interest Drs. Sinan Ersin, Ozgur Firat, and Murat Sozbilen have no conflicts of interest or financial ties to disclose.

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S. Ersin (✉) · O. Firat · M. Sozbilen
Department of General Surgery, Ege University Hospital,
3rd Floor, Bornova 35100, Izmir, Turkey
e-mail: sinan.ersin@ege.edu.tr